

Office of Administration

Commissioner's Office

"Request for Preauthorization for Other Services"

Program: Alternatives to Abortion

Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before purchased/paid.

Client Name: [REDACTED]

Date Enrolled: 2/1/17

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
	<u>CAR</u>	<u>259.78</u>	<u>Mom's go extremely late and is not working.</u>
AMOUNT TO BE REIMBURSED		<u>259.78</u>	

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only!

Thank you.

Authorized person requesting purchase: [Signature]

Approved for purchase: Emily Kraft

Date 4/10/17

Purchase denied: [Signature]

Date _____

Reason for denying purchase: _____

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Statement Inquiry

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Figure 1

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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